

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 02--1818

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: BaC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

THIS SPACE RESERVED FOR FINANCE USE ONLY:

Repln. Ref: 07/15/2005 BCAMPBEL 0022550100
DAH:021818 Name/Number:10523509
FC: 9204 \$100.00 CR

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**